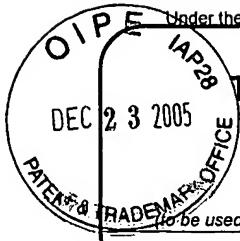


PTO/SB/21 (09-04)

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**TRANSMITTAL  
FORM**

*(to be used for all correspondence after initial filing)*

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/825,495
		Filing Date	April 15, 2004
		First Named Inventor	Joel Q. Xue
		Art Unit	3766
		Examiner Name	Jessica L Reidel
Total Number of Pages in This Submission	10	Attorney Docket Number	5024-00121 (140821IT)

**ENCLOSURES**      *(Check all that apply)*

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<b>Return Receipt Postcard</b>
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<b>Remarks</b>	

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	Andrus, Sceales, Starke & Sawall, LLP		
Signature			
Printed name	Christopher M. Scherer		
Date	December 21, 2005	Reg. No.	50,655

**CERTIFICATE OF TRANSMISSION/MAILING**

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Typed or printed name	Melissa J. Cota	Date	December 21, 2005

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PATENT

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

~~Apple~~ No.: 10/825,495

Applicant: Joel Q. Xue

Filed: April 15, 2004

**Title: METHOD AND APPARATUS FOR DETERMINING ALTERNANS DATA OF AN ECG SIGNAL**

TC/A.U.: 3766

**Examiner:** Jessica L. Reidel

Docket No: 5024-00121(140821IT)

## **AMENDMENT**

Mail Stop: AMENDMENT  
Commissioner of Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Office Action of November 30, 2005, please amend the above-identified application as follows:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks** begin on page 7 of this paper.